

April 25, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0561-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is a board certified neurosurgeon. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 48 year-old male who sustained a work related injury on ___. The patient reported that while at work a tree fell on him. The patient sustained cervical and lumbar spine injury. An MRI of the cervical spine showed a 4mm C6-7 disc herniation. An MRI of the lumbar spine showed a large posterocentral disc herniation at L5-S1. The patient underwent and EMG that showed a left C7 and a left S1 radiculopathy. Treatment for this patient's condition has included oral pain medications.

Requested Services

Orthotrac Pneumatic Vest.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 48 year-old male who sustained a work related injury to his back on ___.

The ____ physician reviewer has also noted that the diagnoses for this patient include 4mm C6-7 disc herniation, L5-S1 disc herniation and radiculopathy at the left C-7 and S1 level. The ____ physician reviewer further noted that this patient has been treated with oral pain medications. The ____ physician reviewer indicated that an Orthotrac Pneumatic Vest has been requested for further treatment of this patient's condition. The ____ physician reviewer explained that there is no proven efficacy of the orthotrac pneumatic vest. The ____ physician reviewer also explained that there have not been any studies with blinded controlled evaluation performed. Therefore, the ____ physician consultant has concluded that the Orthotrac Pneumatic Vest is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 25th day of April 2003.